Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-1 Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐
DATE AND TIME	4-7-97 0605	4-8-97 0603	4-9-97 0605	4-10-97 0608	4-11-97 0603		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	John Hogh	John Hogh	John Hogh	John Hogh	John Hogh		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES NO N/A	TUESDAY YES NO N/A	WED. YES NO N/A	THURS. YES NO N/A	FRIDAY YES NO N/A	SAT. YES NO N/A	SUNDAY YES NO N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
* (6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

Date: 4-7-97
Time: 0605
Sign: John Hogh

WEEKLY CHECKLIST - To be Completed Once Per Week

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653-T-4 REV. 8/92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678417

HDMSe00386029

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678418

HDMSe00386030

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-2 SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: NaK

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
NOT IN OPERATION ☐	☐	☐	☐	☐	☐	☐	☐
DATE AND TIME	4-7-97 0615	4-8-97 0615	4-9-97 0615	4-10-97 0615	4-11-97 0615		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	John Hayek	John Hayek	John Hayek	John Hayek	John Hayek		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES NO N/A	TUESDAY YES NO N/A	WED. YES NO N/A	THURS. YES NO N/A	FRIDAY YES NO N/A	SAT. YES NO N/A	SUNDAY YES NO N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☐	☐ ☐ ☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☑	☐ ☐ ☐	☐ ☐ ☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-7-97
Time: 0615
Sign: John Hayek

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653 T-4 REV. 8/92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678419

HDMSe00386031

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678420

HDMSe00386032

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-3 Baker Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐
DATE AND TIME	4-7-97 0625	4-8-97 0625	4-9-97 0625	4-10-97 0625	4-11-97 0625		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	John Hopkins	John Hopkins	John Hopkins	John Hopkins	John Hopkins		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES NO N/A	TUESDAY YES NO N/A	WED. YES NO N/A	THURS. YES NO N/A	FRIDAY YES NO N/A	SAT. YES NO N/A	SUNDAY YES NO N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-7-97
Time: 0625
Sign: John Hopkins

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653-T-4 REV. 9-96

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678421

HDMSe00386033

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678422

HDMSe00386034

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days. I.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-1 Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐
DATE AND TIME	4-14-97 0640	4-15-97 0605	4-16-97 0605	4-17-97 0605	4-18-97 0605		
INSPECTOR'S NAME	Volly	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE							

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES NO N/A	TUESDAY YES NO N/A	WED. YES NO N/A	THURS. YES NO N/A	FRIDAY YES NO N/A	SAT. YES NO N/A	SUNDAY YES NO N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
* (6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: APR 14 1997

Time: 0640

Sign:

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653-T-4 REV. 0 92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678423

HDMSe00386035

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:**_____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678424

HDMSe00386036

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-2 SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: NaK

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
NOT IN OPERATION	☐	☐	☐	☐	☐	☐	☐
DATE AND TIME	4-14-97 0640	4-15-97 0615	4-16-97 0655	4-17-97 0615	4-18-97 0615		
INSPECTOR'S NAME	VOLLA	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE							

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES	MONDAY NO	MONDAY N/A	TUESDAY YES	TUESDAY NO	TUESDAY N/A	WED. YES	WED. NO	WED. N/A	THURS. YES	THURS. NO	THURS. N/A	FRIDAY YES	FRIDAY NO	FRIDAY N/A	SAT. YES	SAT. NO	SAT. N/A	SUNDAY YES	SUNDAY NO	SUNDAY N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: APR 14 1997

Time: 0640

Sign: [signature]

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653-T-4 REV. 8-92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678425

HDMSe00386037

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678426

HDMSe00386038

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 853-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-3 Baker Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
NOT IN OPERATION ☐							
DATE AND TIME	4-14-97 0640	4-15-97 0625	[illegible]	4-17-97 0625	4-18-97 0625		
INSPECTOR'S NAME	Volly	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	[signature]	[signature]	[signature]	[signature]	[signature]		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES	MONDAY NO	MONDAY N/A	TUESDAY YES	TUESDAY NO	TUESDAY N/A	WED. YES	WED. NO	WED. N/A	THURS. YES	THURS. NO	THURS. N/A	FRIDAY YES	FRIDAY NO	FRIDAY N/A	SAT. YES	SAT. NO	SAT. N/A	SUNDAY YES	SUNDAY NO	SUNDAY N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: APR 14 1997
Time: 0640
Sign: [signature]

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 853-T-4 REV. 6-92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678427

HDMSe00386039

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678428

HDMSe00386040

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-1 Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
NOT IN OPERATION ☐	☐	☐	☐	☐	☐	☐	☐
DATE AND TIME	4-17-97 0605	4-22-97 0600	4-23-97 0605	4-24-97 0605	4-25-97 0720		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	VALLY		
INSPECTOR'S SIGNATURE							

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:

	MONDAY Y N N/A	TUESDAY Y N N/A	WED. Y N N/A	THURS. Y N N/A	FRIDAY Y N N/A	SAT. Y N N/A	SUNDAY Y N N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
* (6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-21-97

Time: 0605

Sign: John Vasquez

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653-T-4 REV. 8-92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678429

HDMSe00386041

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678430

HDMSe00386042

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 553-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY B/133 | LOCATION OF TANK T-2 SSFL

DEPARTMENT NAME/NUMBER ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK NaK

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐
DATE AND TIME	4-21-97 0615	4-22-97 0615	4-23-97 0615	4-24-97 0615	4-25-97 0720		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	Volly		
INSPECTOR'S SIGNATURE	John Jasper	John Jasper	John Jasper	John Jasper	Volly Brumfield		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES	MONDAY NO	MONDAY N/A	TUESDAY YES	TUESDAY NO	TUESDAY N/A	WED. YES	WED. NO	WED. N/A	THURS. YES	THURS. NO	THURS. N/A	FRIDAY YES	FRIDAY NO	FRIDAY N/A	SAT. YES	SAT. NO	SAT. N/A	SUNDAY YES	SUNDAY NO	SUNDAY N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐
* (6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank?	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-21-97
Time: 0615
Sign: John Jasper

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 553-T-4 REV. 8-92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678431

HDMSe00386043

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678432

HDMSe00386044

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 553-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-3 Baker Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	NOT IN OPERATION ☐ MONDAY	NOT IN OPERATION ☐ TUESDAY	NOT IN OPERATION ☐ WED.	NOT IN OPERATION ☐ THURS.	NOT IN OPERATION ☐ FRIDAY	NOT IN OPERATION ☐ SAT.	NOT IN OPERATION ☐ SUNDAY
DATE AND TIME	4-21-97 0625	4-22-97 0625	4-23-97 0625	4-24-97 0625	4-25-97 0720		
INSPECTOR'S NAME	John	JOHN	JOHN	JOHN	Vicky		
INSPECTOR'S SIGNATURE							

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES	MONDAY NO	MONDAY N/A	TUESDAY YES	TUESDAY NO	TUESDAY N/A	WED. YES	WED. NO	WED. N/A	THURS. YES	THURS. NO	THURS. N/A	FRIDAY YES	FRIDAY NO	FRIDAY N/A	SAT. YES	SAT. NO	SAT. N/A	SUNDAY YES	SUNDAY NO	SUNDAY N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☐	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-21-97
Time: 0625
Sign: John Hyper

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 553-T-4 REV. 8-96

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678433

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678434

HDMSe00386046

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-1 Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
NOT IN OPERATION ☐	☐	☐	☐	☐	☐	☐	☐
DATE AND TIME	4-28-97 0605	4-29-97 0640	4-30-97 0705	5-1-97 0635	5-2-97 0655		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	John Yeyuch	John Yeyuch	John Yeyuch	John Yeyuch	John Yeyuch		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY Y N N/A	TUESDAY Y N N/A	WED. Y N N/A	THURS. Y N N/A	FRIDAY Y N N/A	SAT. Y N N/A	SUNDAY Y N N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
* (6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank?	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	✓ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-28-97

Time: 0605

Sign: John Yeyuch

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	✓	☐
Is emergency communication system (phone, audible alarm) in working condition?	✓	☐
Are hazardous waste warning signs in place?	✓	☐
Is fire extinguisher in area?	✓	☐
Is spill control cabinet properly stocked per inventory sheet?	✓	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653-T-4 REV. 3-93

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678435

HDMSe00386047

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678436

HDMSe00386048

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 653-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-2 SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: NaK

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	
DATE AND TIME	4-28-97 0615	4-29-97 0644	4-30-97 0715	5-1-97 0615	5-2-97 0705		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	[signature]	[signature]	[signature]	[signature]	[signature]		

§66265.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES	MONDAY NO	MONDAY N/A	TUESDAY YES	TUESDAY NO	TUESDAY N/A	WED. YES	WED. NO	WED. N/A	THURS. YES	THURS. NO	THURS. N/A	FRIDAY YES	FRIDAY NO	FRIDAY N/A	SAT. YES	SAT. NO	SAT. N/A	SUNDAY YES	SUNDAY NO	SUNDAY N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	☐	☐	☐	☐	☐	☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	☐	☐	☐	☐	☐	☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	☐	☐	☐	☐	☐	☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	☐	☐	☐	☐	☐	☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	☐	☐	☐	☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	✓	☐	☐	☐	☐	☐	☐

WEEKLY CHECKLIST - To be Completed Once Per Week

	YES	NO
Date: 4-28-97		
Time: 0615		
Sign: John Jasper		
Is hose and safety shower/eye wash unobstructed and operational?	✓	☐
Is emergency communication system (phone, audible alarm) in working condition?	✓	☐
Are hazardous waste warning signs in place?	✓	☐
Is fire extinguisher in area?	✓	☐
Is spill control cabinet properly stocked per inventory sheet?	✓	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 653 T-4 REV. 6/92

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678437

HDMSe00386049

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678438

HDMSe00386050

Rockwell International
Rocketdyne Division

HAZARDOUS WASTE TANK INSPECTION CHECKLIST

NOTE: All Rocketdyne departments which accumulate hazardous wastes in tanks are required to conduct daily inspections of the tanks each operating day. In addition, a weekly checklist (below) must be completed once per week. Completed checklists are to be maintained at or near the tank location and made available for inspection. Copies of inspections with discrepancies shall be mailed to Environmental Protection Department 543, 055-T486.

INSTRUCTIONS FOR COMPLETING TANK INSPECTION FORM 853-T-4

Evaluation and Action

All "Yes" answers mean no discrepancies exist. A "No" answer to any question means a discrepancy exists that requires immediate corrective action. An "N/A" answer means the question does not apply to your tank system. This inspection is required to be performed each operating day. Check the "Not In Operation" box below on non-operational days, i.e., Saturday, Sunday and Holidays. All questions must be answered. If a discrepancy is found, corrective action must be taken immediately. Notify the area manager of the discrepancy and indicate the action taken in the Method of Correction area. The area manager must co-sign the inspection checklist when a discrepancy exists. When discrepancy has been corrected, area management must fill in date of correction and sign at bottom of form.

FACILITY: B/133 | LOCATION OF TANK: T-3 Baker Tank SSFL

DEPARTMENT NAME/NUMBER: ENVIRONMENTAL MANAGEMENT DEPT/022

DESCRIPTION OF WASTE IN TANK: Sodium Hydroxide Solution

	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐	NOT IN OPERATION ☐
DATE AND TIME	4-28-97 0625	4-29-97 0630	4-30-97 0725	5-1-97 0625	5-2-97 0715		
INSPECTOR'S NAME	JOHN	JOHN	JOHN	JOHN	JOHN		
INSPECTOR'S SIGNATURE	John Jasperich	John Jasperich	John Jasperich	John Jasperich	John Jasperich		

§66255.195. Inspections. (a) The owner or operator shall inspect, where present at least once each operating day:	MONDAY YES NO N/A	TUESDAY YES NO N/A	WED. YES NO N/A	THURS. YES NO N/A	FRIDAY YES NO N/A	SAT. YES NO N/A	SUNDAY YES NO N/A
(1) Is overfill/spill control equipment (e.g., waste-feed cutoff systems, bypass systems, and drainage systems) in good working order?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(2) Are the aboveground portions of the tank system free from leakage and corrosion?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(3) Is data gathered from monitoring equipment and leak-detection equipment, (e.g., pressure and temperature gauges, monitoring wells) ensuring that the tank system is being operated according to its design?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(4) Are the construction materials and the area immediately surrounding the externally accessible portion of the tank system including secondary containment structures (e.g., dikes) free from erosion or releases of hazardous waste (e.g., wet spots, dead vegetation)?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(5) For uncovered tanks, are at least 2 feet of freeboard maintained?	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
(6) Is the tank properly labeled with a Form 642-J, and date of accumulation is less than 365 days from the first addition of waste to the tank? *	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☑ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

WEEKLY CHECKLIST - To be Completed Once Per Week

Date: 4-28-97
Time: 0625
Sign: John Jasperich

	YES	NO
Is hose and safety shower/eye wash unobstructed and operational?	☑	☐
Is emergency communication system (phone, audible alarm) in working condition?	☑	☐
Are hazardous waste warning signs in place?	☑	☐
Is fire extinguisher in area?	☑	☐
Is spill control cabinet properly stocked per inventory sheet?	☑	☐

COPIES OF INSPECTIONS WITH DISCREPANCIES SHALL BE MAILED TO ENVIRONMENTAL PROTECTION, D/543, 055-T486

DISCREPANCY INDICATION AND CORRECTION AREA

Area Manager Co-Sign _____ Date: _____

Describe Method of Correction (use additional sheet if necessary): _____

Date Discrepancy Corrected _____

Area Manager Name _____ Signature _____ Date _____

FORM 853-T-4 REV 3-96

* One Year as Per Permit Part III, Section C.9.C Page 17

BNA04678439

HDMSe00386051

HAZARDOUS WASTE TANK

INSPECTION CHECKLIST

NOTIFY SHIFT PIC IF ANY DISCREPANCIES EXIST

DATE: _____ **TIME:** _____ **SIGNATURE:** _____

DISCREPANCY DESCRIPTION OR STATUS CHANGE

DISCREPANCY CORRECTIVE ACTION

DATE DISCREPANCY CORRECTED: _____

FILE: GIL1.DOC

BNA04678440

HDMSe00386052